

JupiterFIRST Church Student Ministries
RELEASE OF LIABILITY & EMERGENCY MEDICAL RELEASE

Print Student Name

Print Parent(s)/Guardian(s) Name(s)

Parent (Mother) Cell Phone

Parent (Father) Cell Phone

We/I the parent(s)/guardian(s) of the above named student, hereby give our permission for our child to attend all JupiterFIRST Student Ministry events for one year from the date signed. We understand that these events will be supervised by adults and we agree to hold harmless the church and its volunteers and staff from liability due to accident or injury, or loss or damage of personal property, due to circumstances beyond their reasonable control.

We also hereby grant permission to any accredited emergency medical technician and/or hospital emergency room personnel or physician to treat our child in case of serious accident or injury in the event that we cannot be reached by telephone.

We also grant permission to staff, volunteers, or other students to take photographs or videos of our child. We understand that the images may be in print publications, online publications, presentations, websites, and social media. We also understand that no royalty, fee or other compensation shall become payable to us by reason of such use.

Signature of Parent/Guardian

Date

Alternative Contact Person

Cell Phone

Health Insurance Carrier

Policy/Group#

Special Instructions, Medications, Conditions, Allergies (List below):

A COPY OF FRONT & BACK OF INSURANCE CARD MUST ACCOMPANY THIS FORM.